

Out of Line

Self-destructive tendencies. Fear of abandonment. Withdrawal from reality. Reckless and violent behavior. Borderline Personality Disorder is often misdiagnosed or untreated —and responsible for fractured relationships and empty lives.

By Erik Gunn
Milwaukee Magazine, Milwaukee, WI
March 2004

Steve was in college when he met Susan, the woman whom he would later marry. Bright, vivacious, extroverted, she was, he recalls “pretty much everything I’m not – She was good with people, comfortable in a crowd.”

They dated for a year and a half – long enough for him to think he knew her pretty well. He proposed, she accepted, and they set a wedding date. Six weeks before the marriage, she came to his apartment, and exploded in rage.

“I dismissed it as stress” – brought on by the strain of preparing for the wedding. The couple went ahead with the ceremony. “But from that point on, she was unpredictable,” Steve says. “She could be sweet and empathetic, but if she lost her temper, she was a loose cannon. She didn’t have any inhibitions over the consequences.”

*

Mary met Chuck where they both worked — she in the office, he in the warehouse — when her marriage was falling apart because of her husband’s emotional and physical distance. They dated briefly. “He started showering me with affection,” Mary says. Within three weeks, he had moved in with her.

Chuck would call her constantly. “He’d always have to be with me, or I’d have to be at home. I couldn’t be where he didn’t know where he was. At first I thought it was just flattery.”

Already the mother of three, Mary believed Chuck when he told her he was

sterile. Less than a month later, she was pregnant with their child. Five months after they had started dating, he went to court on his fifth charge of driving under the influence of alcohol. By the following June, he was using cocaine and methamphetamine regularly. In violent rages he would break things; the violence against Mary came later. Out of jail on a five-day furlough granted by a judge, Chuck was arrested for DUI a sixth time, the day their son was born.

*

Beautiful and well-born, Diana appeared to live a life out of a fairy tale. Yet few except those close to her knew that she would call friends all day long to ward off her own terror of silence and of being alone. She had a “dazzling public persona that lulled even her friends and family into disbelieving that anything could be seriously wrong with her,” as a chronicler of her life later wrote. Yet in her anxiety and self-hatred, she cut herself purposefully. She had repeated bouts of bulimia. Those around her endured her powerful and mercurial mood swings.

Her marriage to the most eligible bachelor in her circle made her the envy of all, even as it plunged her deeper into a well of torment. After the marriage fell apart, she took up with various lovers — only to die in a car crash in Paris on an August night in 1997, chased by photographers and who knows what demons.

*

A single thread binds Susan, Chuck, and Diana, Princess of Wales — and as many as six million Americans and those who know them: Borderline Personality Disorder.

Once thought to represent a condition in which sufferers were on the “borderline” between psychosis and neurosis, Borderline Personality Disorder, or BPD, lingered for decades in the shadows of psychiatry, poorly understood and ill-defined. Although it was observed centuries ago and first named in the early 1900s, a coherent, narrowly drawn definition of BPD has taken decades to evolve. Not until 1980 did a formal diagnostic description of BPD make it into the profession’s guiding book, the Diagnostic and Statistical Manual of Mental Disorders.

Now Borderline Personality Disorder has begun to gain wider attention, and

not just in obscure psychiatric journals. Ordinary people are discovering family members and acquaintances in their lives who have BPD. And for that, much of the credit goes to a Milwaukee writer and a Racine therapist. In the six years since the publication of *Stop Walking on Eggshells: How to Take Back Your Life When Someone You Care About Has Borderline Personality Disorder*, the book by Randi Kreger and Paul Mason has emerged as one of the leading guides on BPD for non-professionals, especially those who have relationships with BPD sufferers.

Veteran BPD researcher Dr. Larry Siever, a professor of psychiatry who directs personality disorders research at Mt. Sinai Medical School in New York and who wrote the introduction to the Kreger-Mason book, says it is one of several books that has opened the eyes of laypeople to the disorder. “People are finding it [*Eggshells*] very beneficial,” agrees Perry Hoffman, a social worker and president of the National Education Alliance for Borderline Personality Disorder.

Deborah Anderson, an Orem, Utah, woman who left a 20-year-career as a family therapist in Canada in order to flee her violent, borderline ex-husband, goes further. On the Web site that Anderson runs for people who are in relationships with people with BPD, she calls *Eggshells* “the bible” on BPD for the non-BPD layperson — “the first book to directly address the issues family members and other significant others faced when living with someone with traits of Borderline Personality Disorder.”

“We’ve got people all over the world on our mailing list that are there primarily as a result of *Stop Walking on Eggshells* and the work Randi has done on borderline personality disorder,” Anderson said in a telephone interview.

For Kreger, who conceived the book a decade ago and fought for years to get it into print, the success of *Eggshells* is the payoff for years of pain she experienced with a person she suspects suffered from BPD.

Now living in Bay View, Kreger struggled as she was growing up to understand why the person was like Dr. Jekyll at one moment, Mr. Hyde the next. “I never knew whether this person was going to come at me in a total rage or come at me and hug me,” she recalls. “When you are young and are exposed with that kind of inconsistent behavior from a person in a position of power, you come to think people are really scary. You never know when you’re going to get rewarded, and you never know when you’re going to get punished emotionally.”

*

The fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* -- the DSM-IV -- says people with BPD show "a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts..." They are driven, experts say, by an intense fear of abandonment.

Speculation varies widely on the causes of BPD, ranging from brain dysfunction to childhood trauma. It seems likely, says Dr. K. Kwang Soo, a former psychiatrist at Columbia St. Mary's Medical Center whose practice includes a specialty of treating people with BPD, that people with BPD are born with some sort of predisposition, but that perhaps the condition is triggered by factors in their upbringing.

Whatever its source, people with Borderline Personality Disorder are almost as numerous as those with depression, and they outnumber schizophrenics, Soo says. It's frequently misdiagnosed as depression (because of the suicidal behavior) or bipolar disorder (because of the mood swings).

"They see the world as being black or white," Soo observes, and they swing from one extreme to the other in their assessment of the same person.

"Sometimes these people can elicit intense emotional reactions in other people, too," psychiatrist Larry Siever says. "They have a way of play-acting out their rage by inducing it in other people."

"We encounter these folks in our work, in our social lives," says Paul Mason, Kreger's co-author and director of Mental Health and Addiction Services at All Saints Medical Center in Racine. Kreger, Soo, and Siever all add that BPD is a likely culprit lurking behind sensational headlines of all kinds.

In a letter to the judge at her sentencing in federal court in Virginia five years ago on spying charges, Theresa Squillacote, a labor lawyer and the daughter of a prominent retired National Labor Relations Board official in Milwaukee, suggested she probably had suffered from Borderline Personality Disorder. Aileen Wuornos, the executed serial killer whom Charlize Theron plays in the new docudrama *Monster*, was diagnosed in prison with BPD. Sally Bedell Smith's biography of Princess Diana, *Diana, In Search of Herself*, offers ample documentation that the Princess of Wales appears to have had BPD, and reports that both a psychologist and a psychiatrist confirmed the diagnosis based on medical records and reports of her behavior.

People with BPD account for a significant percentage of those who find their

way through the nation's courts — whether as defendants in violent incidents or as parties in civil cases. “The dynamics of those with BPD in legal disputes present very specific behaviors and problems,” says Bill Eddy, a California lawyer and clinical social worker who has written on BPD and the law. “Using the court system to punish those perceived to have abandoned them, seeking validation for their distorted thoughts, manipulating professionals, splitting those close to them into allies or enemies, and presenting themselves as very charming and at times seductive.”

And while it may be impossible to accurately calculate, BPD exacts a major toll on the economy. “It's so pervasive,” says Kreger, “and when you consider how many things are linked to it — crime, alcoholism, divorce — it must cost billions and billions of dollars.”

Not to mention lives. “Ten percent of the people who have it kill themselves,” she says, citing the DSM-IV. “If two percent of the [U.S.] population has this — and I believe that's a gross, gross, understatement — that's 600,000 deaths. It's the equivalent of the number of people who died on the Titanic every day for a year.”

There are many reasons why borderline personality disorder may go undiagnosed and untreated. Some of the symptoms mimic those of depression, bipolar disorder (once known as “manic-depression”), or attention-deficit disorder, and people with BPD may be diagnosed with any of these other conditions.

“It's an underserviced disorder of which there's relatively little awareness,” says Hoffman, the National Education Alliance for Borderline Personality Disorder president. Some clinicians may be suspicious of the diagnosis. Others “are not trained to see the diagnosis and also are scared of seeing it,” she adds. “Many professionals are not trained to handle people with this diagnosis.”

Even when they do make an accurate diagnosis of BPD, some clinicians may be reluctant to enter the information in a patient's chart for a variety of concerns: fear that the diagnosis may enrage the patient, or the belief that insurers, thinking BPD is untreatable, will refuse to pay.

“Clinicians and psychiatrists understand depression, they understand anxiety, they understand bipolar disorder,” says Paul Mason, Kreger's co-author. But borderline personality disorder “is not well understood within the professional community.”

Then, too, people with BPD seem to be adept at reining in some of the symptoms in certain situations, showing a more charismatic and charming face to the world and hiding the neediness or rage that comes out at other times. “They vacillate between intense feelings of emptiness and times of well-being,” says Mason. “Clinicians see these folks at different times. They seem well put together, high functioning at some times, and at other times their moods are incredibly erratic.” An accurate assessment demands regularly observing people over a period of time to get a more complete picture.

*

The struggle to find appropriate treatment consumed Tom and Sandra’s marriage. The couple met and married 20 years ago. Tom says Sandra was “a very outgoing, very charming person” who “made a great first impression. But after marriage and the births of their children, Sandra seemed unable even to do daily tasks like pay the bills. When it came to the responsibilities of everyday life at home, says Tom, “unless I did it, 80 to 90 percent of the time it just didn’t get done.”

Meanwhile, Sandra spent money extravagantly on clothing and gifts for others. The couple would argue, but because Tom’s business was doing so well, money wasn’t a problem. Attention deficit disorder was just one of the causes they considered. Depression, anxiety, panic attacks — all were at one time or another blamed for her behavior. “She had every self-help book on the face of the earth,” says Tom. “I would read the books and try to implement the program. Then we would suddenly be on to another self-help book. It was always a moving target.”

Looking back, Tom sees at the root of Sandra’s behaviors a deep-seated fear of abandonment that lurked behind the raft of other diagnoses she trotted out. “But whenever we got close to what might be some issues, the subject changed.”

In the midst of a project to build their new home, Sandra insisted on more and more elaborate designs and features; Tom saw the dream house becoming a nightmare and grew increasingly depressed. Then he recalled a recent situation at a business he was involved with, when directors discovered the founder was running the firm into the ground on account of his own personality disorder. “One day I was driving, and the light bulb went off — could she have a personality disorder?”

Although daunting to contemplate, Tom found the possibility heartening: “I’m a guy who thinks I can fix things. I was still saying, ‘Now I can save this marriage.’”

Tom ultimately sought out a new therapist, who agreed that her behavior had the markings of a personality disorder and encouraged him to bring Sandra in. She reluctantly agreed, and after meeting with the man, agreed to pursue treatment with him. After about a dozen sessions, however, Tom’s wife told him: “The therapist and I have been talking. I don’t have a personality disorder. *You’re* the one with the problem.”

Experts say, in fact, that it’s not uncommon for people with BPD to turn the same accusation on those who attempt to diagnose them. But Sandra also persuaded her therapist — who had once endorsed Tom’s conclusions — that she didn’t have the problem.

In the meantime, the therapist had treated Sandra for 30 sessions at \$150 an hour. Tom filed a complaint with the state Psychological Association against the therapist; the organization’s ethics committee concluded he improperly billed Tom for treatment sessions he didn’t attend and Tom’s insurer for sessions when all that was involved was correspondence or records reviews. The association sent the therapist a “cease and desist” order.

Now happily divorced, Tom in time came to see his ex-wife’s condition as one of Borderline Personality Disorder that remains untreated. But the entire outcome left Tom wary about the role of clinicians in dealing with personality disorders.

“There are some really good mental health professionals out there, and there are some really, really bad ones,” he says. “These people do need to be treated, but if you get a bad therapist, it can certainly make the problem worse.”

*

After 15 years of treating people with Borderline Personality Disorder, Paul Mason came to realize the disorder’s serious impact not just on the people who have it, but on the other people in their lives. “I began to notice that a lot of the family members needed support and help themselves,” he says. “They were pretty perplexed by all that was happening to them. My interest changed to one of treating the whole family.”

Yet that may not yet be the norm. More typical is what happened to Steve,

the man whose fiancée Susan erupted in rage at him just six weeks before their wedding.

After their marriage, Steve endured physical and verbal abuse. His wife repeatedly bit him in fury, and he took to wearing long-sleeved shirts, even in a summer heat wave, to conceal the wounds. She kicked holes in doors and walls and shattered dishes. From time to time, Steve would retreat to a motel room to escape her rages.

A year into the marriage, Steve sought counseling for the two of them; Susan refused to go, until he warned her he would leave if she didn't. Relenting, she went to therapy with him for two years, and her behavior improved. Thinking that they had solved the problem, Steve agreed to start a family. "But after we had kids in the house, it came back again," he says. More therapy followed, and Steve says two therapists told him bluntly that they seemed to be beyond hope: "You need a divorce."

Even then, however, Steve was uncertain about the impact of divorce on his two children and about whether he would lose some or all of his parental rights. In the midst of one of Susan's rages a neighbor called police and the cops came and questioned only Susan, assuming that Steve was abusing her. "It started me thinking," Steve says. "The longer you stay here, the more chances you're taking." A decade after the marriage, he filed for divorce and ultimately obtained primary placement of his children with him, although the couple shared custody.

Yet throughout the years of therapy and of consultations in self-help books about his rights in divorce, Steve never once had heard the term "Borderline Personality Disorder." Then, a half-dozen years or so after the divorce, he received a mysterious call from the therapist counseling his children, who by then were about 10 and 12. Without explanation, Steve says, the therapist asked a series of questions about his ex-wife's behavior. Later Steve related the substance of the curt telephone conversation to a therapist he knew, asking what the questions meant. This therapist understood: The questions were aimed at diagnosing a borderline personality disorder.

Through research on the Internet, Steve soon found at more. Then he found a book: *I Hate You, Don't Leave Me: Understanding the Borderline Personality*, by Dr. Jerold J. Kreisman and Hal Straus. The 1989 book was one of the first discussions of BPD for lay people.

"I opened that," says Steve, "and read my life story."

*

When Randi Kreger's therapist suggested to her that the person in her life might have had BPD, she began a search for information to help her deal with her situation. She found little. The dearth of material about BPD for family members, friends and loved ones of those with the disorder vexed her. BPD and other personality disorders are distinctive from other mental illnesses in that it's mainly in relationships with others that they become obvious. Yet in most of what she read about it, "there was no sense of how the illness affected the other people around them."

She contrasts that level of understanding with, for example, alcoholism, where treatment experts have long recognized the importance of addressing family issues, including the way families may enable alcoholics to stay stuck in their addiction and how children of alcoholics are distinctively affected by a parent's drinking.

Kreger decided to fill the gaps, and contemplated a book on the subject. A literary agent who was a college classmate of her husband who had himself written a number of practical self-help books, encouraged her and promised to find a publisher. The agent had had his own experience in a relationship with a woman with BPD. "He said to me at one point, 'It really scares me when things go well.' I said, 'I know exactly what you mean. You feel like you're on the edge of the cliff waiting to be pushed off.'"

Kreger took to the Internet and soon found discussion groups focused along one of two different lines. "There were people with BPD who talked about their pain and suffering, and people who are families of people with BPD who talked about their pain and suffering," she says. "They were pretty much all yelling at each other." She created an online community for family members with a borderline loved one, "Welcome to Oz," and polled people to see if they wanted a book about BPD for family members.

"Unanimously, not only did people want to read it, they wanted to help me research it," Kreger says. Indeed, enough people promised her enough donations that, had she wanted to, Kreger believes she could have collected \$20,000 to self-publish the book.

Aware that she needed a collaborator with clinical credentials, Kreger and her agent approached Paul Mason, who had published a research article on borderline personality disorder. "I wanted to work with him because he enjoyed working with borderlines," she recalls. They drew up a book proposal and signed legal agreements for their collaboration. Kreger was

upbeat. “I figured with six million individuals with BPD, and if each knows three people, that’s tapping a market for 24 million people.”

Mason and Kreger continued to develop the book. The title, *Stop Walking on Eggshells*, was obvious almost from the start. “Paul was very instrumental in explaining everything known in the clinical profession about BPD. There’s a lot of controversy, and he provided a road map of things that I should ignore and things that were really stupid and things that were news 10 years ago and aren’t any more.”

From the Internet, Kreger culled anecdotes and interviewed people with BPD and their family members to paint a coherent picture. She also interviewed 30 clinicians. “Although nobody knew the answers, everybody had a little jigsaw puzzle piece of an answer. The interactions between family members and the borderlines in their lives were very similar from person to person.”

At the same time, however, Kreger found a gap in the research, with most of it appearing to focus on just one of two categories of people with BPD.

“People with BPD have the same feelings as everyone else, but they feel them more intensely, over a long time period, in many different situations.

“They feel abandoned, they feel like they can’t trust people, they’re very control-oriented, but different people have different ways of expressing those same problems,” she says. Some “act out,” lashing out at others. Others “act in,” trying to deal with painful feelings by, for instance, attempting suicide or injuring themselves. The latter group, she says, are more likely to have found their way to therapy, and as a result, “all the research that had been done was all about the acting-in person.” That, she says, is like clinicians attending an alcoholics anonymous meeting and concluding that “every alcoholic knows they have a problem” — something that is patently not the case.

The duo’s agent shopped the book proposal around. Kreger says that at three major publishers, acquisitions editors were eager to buy the project.

Interested editors typically reported they had experienced someone in their lives with the disorder. “As soon as we found somebody with that problem, they got it, they understood, and they had a vision.” Invariably, though, marketing departments turned thumbs down, claiming the proposal was too much of a niche title.

Kreger and Mason wrote and self-published a 60-page booklet and began selling it themselves on line. Even the success of that venture, however, failed to persuade publishers that a market existed for the larger book.

Kreger managed to talk her way into a national book conference in Chicago (where authors weren't supposed to be permitted) and found an acquisitions editor who gave her a half an hour to make the pitch. "My brother's married to this kind of person," the editor told her. Once again the publisher's marketing office rejected the proposal.

"People who haven't gone through this don't get it," Kreger says. "People who've gone through it become missionaries in their zeal to show people what's going on."

Finally, Kreger and Mason got nibbles from three second-tier publishers. One was Oakland, Calif.-based New Harbinger Publications, a publishing house owned by mental health clinicians. After signing a contract that included a modest advance on royalties — money they had long ago spent out of their own pockets to get the project started — the two spent more than a year completing the book, returning to her contacts from the Internet. "I don't know if there's ever been another book written so hand-in-hand with the reading audience," says Kreger. "The people on the list, and I talked to both borderlines and family members, told me everything I needed to know. How the family reacted was crucial to whether or not the borderline ever got better."

Stop Walking on Eggshells and was published in 1998. Together it and the 2002 companion book, *The Stop Walking on Eggshells Workbook*, have sold more than 300,000 copies, placing them among the 20 best-selling titles put out by New Harbinger. It has also been translated into six languages. "We never had a marketing budget," Kreger says. "We never took a book trip."

*

When Chuck was diagnosed in July 2001 with BPD, he had escalated his violence from destruction of property to cutting himself to attacks on his girlfriend Mary and on her 16-year-old son by her former husband. Mary, a Minnesota resident with family in Wisconsin, read up on BPD on-line and discovered *Stop Walking on Eggshells*. She read it cover to cover the night she brought it home from the bookstore. Then she pointed her browser to BPDcentral.com, a Web site Kreger established to serve both people with BPD and those who are in relationships with them.

"Heaven's opened and it's clear now," Mary says, describing her reaction when she found the site. "You get it. You understand it. It's the warmest, kindest, nicest Web site. All the symptoms [of BPD] are all the same."

Everybody's story is the same, only the characters are different.”

In the course of running BPD Central.com and the “Welcome to Oz” Online Community for Family Members, Kreger came to know many with BPD. One member in particular emerged as a thoughtful, insightful spokeswoman for people with the condition. Following guidelines for decorum and fair treatment for list members, the woman, nicknamed Rachel, posted on “Welcome to Oz,” where members read them avidly in order to understand their own family members with BPD and to hear from someone who was able to overcome the disorder. “She was so articulate and able to explain her behavior,” Kreger says.

In time, Rachel sent Kreger a manuscript for a book she had written, recounting her story and her treatment by a sensitive, firm, and gifted psychoanalyst who helped her learn to manage and recover from her Borderline Personality Disorder. “It was a fabulous book. I had to have a tissue with me wherever I went to read it.” Kreger hoped to persuade Rachel to allow her to publish perhaps a chapter or other excerpt, but Rachel demurred. Either all of it, or not at all.

Kreger agreed. After editing the memoir, she published it under her own imprint (Eggshells Press) and ordered a small printing, distributing it through a toll-free telephone number.

Using the pseudonym Rachel Reiland, the book *Get Me Out of Here* was published in 2002 by Hazelden Publishers. It's a harrowing, unflinchingly honest account of Reiland's upbringing in a household she describes as a “war zone,” of her equally dysfunctional behavior in much of her early adult life, extending into the early years of rearing her children, and of the psychoanalysis that she ultimately underwent. Perhaps most impressively, it demonstrates Reiland's insight into her own disorder — rare for someone with BPD, clinicians say.

“I would say I've recovered, in the sense that my perspective has changed,” Reiland told *Milwaukee Magazine* in a phone interview from the nearby state where today she lives, still married, still raising her children, and working as a local newspaper writer. “The kind of therapy I went through tore everything down to its foundations. I got a much less distorted, better perspective with the way I look at the world. I know enough to know that if I have residual feelings that don't seem quite right, I don't act on it. I see it for what it is.”

Writing had been part of her therapy, Reiland explains. “I found the best way for me not to act was to write, and so I did. Those yellow legal pads —

I would go and buy them by the bucket. I would scrawl things down and then go and stuff them in a drawer.”

Over time, Reiland had filled 1,000 pages. After she completed therapy and then took part in Kreger’s online support groups, line site, Reiland was encouraged by friends to write a memoir. “This was a really good way to get closure for me,” Reiland says.

While Kreger’s edition of the book has been published in small print runs, it’s sold briskly. Hazelden, the Minnesota-based mental health and substance-abuse treatment organization, republished the book with national distribution and it’s already sold more than their projections.

Reiland’s treatment, psychoanalysis, is extremely rare for BPD. Other, shorter term therapies have become more popular. They include cognitive therapy, which seeks to train patients to challenge erroneous negative thoughts that can lead to negative feelings at the heart of the disorder. One particular method, Dialectical Behavior Therapy, engages patients in both individual therapy and group skills training, removing rewards for undesired behaviors (such as suicide attempts) and rewarding desired ones (such as calling a therapist for help in using coping techniques). Clinicians have tried a wide variety of medications for BPD, from powerful anti-psychotic drugs to the newer antidepressants such as Prozac and its cousins, but results have been mixed. A recent book on treating BPD observes that while medication may help patients take part in therapy, the best treatment demands some form of interaction with a therapist rather than simply popping a pill.

Even now, Reiland says, she and her family profit from insights drawn from her experience. Reiland recently spotted signs of borderline behavior in the actions of a girl on her daughter’s basketball team who was alienating herself from teammates. To help her own daughter cope with the girl’s behavior, Reiland gave her a copy of *Stop Walking on Eggshells*.

And while she would never want to return to the distorted frame of mind that ruled her behavior, Reiland sees a sliver of benefit in having had the disorder. “I think the passionate, artistic people are more prone to it,” she concludes. “Sometimes this passion is good. I don’t want to be just stripped of emotion, like the guy in ‘A Clockwork Orange.’”

Much of what’s been written about BPD emphasizes that those who have it “are some pretty nasty people and they’re never going to get better,” Reiland observes. “I realize there are people like that. The overwhelming bulk of the literature by psychologists and psychiatrists is from people who’ve been

through the war zone. I can't say I blame them for having the stereotype that they do."

But there's another side, she says. "I think I'm a pretty decent person. My psychiatrist thought that." Notwithstanding the emerging belief Princess Diana had BPD, Reiland adds: "But she did a lot of incredible things. She was really a beloved, decent person."

Reiland credits Kreger with helping broaden the knowledge of people about BPD nationwide. "She's got to be one of the foremost people in this country as far as getting the word out about this."

*

Randi Kreger's struggle to deal with the impact borderline personality disorder had on her life has, in many ways, had a happy ending. The two have been able to reach a limited rapprochement. From a childhood in which she was subjected to painful emotional torment, she has forged a powerful sense of meaning, bringing into the open a condition that pains not only those who experience it, but the people all around them.

Yet she remains passionate about seeing BPD and its impact become more widely and completely understood, about fostering compassion for both those with BPD and those in relationships with people who have the disorder. A publisher approached her about a third book on BPD, which will come out in 2008. Her online Welcome to Oz online community has blossomed to 10,000 members for people in all types of relationships, including parents, offspring, siblings, and partners of people with BPD. [Those interested can find out more about the groups by going to BPDCentral.com and clicking [Join The Welcome to Oz Online Community for Family Members](#). Or, they can join by sending a blank email to WelcomeToOz2-subscribe@yahoogroups.com.]

Kreger frequently suggests that where we are now with respect to Borderline Personality Disorder resembles the consciousness of society about AIDS, before Rock Hudson died of it, and later, Magic Johnson was diagnosed with the AIDS virus. She looks forward to a time — unlikely, she acknowledges — when someone prominent with BPD comes forward to admit the condition and speak honestly about it.

"What I'm afraid of is that when it finally gets recognized, it will be with some kind of crime story and people will think of BPD and crime interchangeably," she says. Then, she worries, "people will have a real

challenge not to let this be stigmatized, undefined and ignored.”